Fact Sheet

1898

Ferguson Slide

Billy Ferguson was killed by a snowslide coming down Ferguson Canyon off the south side of the Provo Canyon sliding up the north side; [illegible] then turned & came back down & covered up his house & killed him, his dog & cat.

Okum

Freelance Foreman for UP&L

He had a Roadside House & served meals - People could stay there over nite.

1985 another sizeable slide came down Ferguson Canyon bringing snow, Ice, large trees (timbers) etc. It stopped on the south side of the River.

Freelance Foreman for UP&L

Billy Ferguson's son was Billy also. He walked the old square flume of UP&L in turn & Conrad Adams

PRESCRIBING INFORMATION

INJECTION

AQUAMEPHYTON®

(PHYTONADIONE, MSD)

Aqueous Colloidal Solution of Vitamin K_1

WARNING - INTRAVENOUS USE

Severe reactions, including fatalities, have occurred during and immediately after INTRAVENOUS injection of AquaMEPHYTON® (Phytonadione, MSD), even when precautions have been taken to dilute the AquaMEPHYTON and to avoid rapid infusion. Typically these severe reactions have resembled hypersensitivity or anaphylaxis, including shock and cardiac and/or respiratory arrest. Some patients have exhibited these severe reactions on receiving AquaMEPHYTON for the first time. Therefore the INTRAVENOUS route should be restricted to those situations where other routes are not feasible and the serious risk involved is considered justified.

DESCRIPTION

AquaMEPHYTON injection is a yellow, sterile, aqueous colloidal solution of vitamin K_1, available for injection by the intravenous, intramuscular, and subcutaneous routes. Each milliliter contains:

Phytonadione	2 mg or 10 mg
Inactive ingredients:	
Polyoxyethylated fatty acid derivative	70 mg
Dextrose	37.5 mg
Water for Injection, q.s.	1 ml
Added as preservative:	
Benzyl alcohol	0.9%

- prophylaxis and therapy of hemorrhagic disease of the newborn;
- hypoprothrombinemia due to antibacterial therapy;
- hypoprothrombinemia secondary to factors limiting absorption or synthesis of vitamin K, e.g., obstructive jaundice, biliary fistula, sprue, ulcerative colitis, celiac disease, intestinal resection, cystic fibrosis of the pancreas, and regional enteritis;
- other drug-induced hypoprothrombinemia where it is definitely shown that the result is due to interference with vitamin K metabolism, e.g., salicylates.

CONTRAINDICATION

Hypersensitivity to any component of this medication.

WARNINGS

Benzyl alcohol as a preservative in Bacteriostatic Sodium Chloride Injection has been associated with toxicity in newborns. Data are unavailable on the toxicity of other preservatives in this age group. There is no evidence to suggest that the small amount of benzyl alcohol contained in AquaMEPHYTON, when used as recommended, is associated with toxicity.

An immediate coagulant effect should not be expected after administration of phytonadione. It takes a minimum of 1 to 2 hours for measurable improvement in the prothrombin time. Whole blood or component therapy may also be necessary if bleeding is severe.

Phytonadione will not counteract the anticoagulant action of heparin.

When vitamin K_1 is used to correct excessive anticoagulant-induced hypoprothrombinemia, anticoagulant therapy still being indicated, the patient is again faced with the hazards existing prior to starting the therapy. Phytonadione is not a

Transient "flushing sensations" and "peculiar" sensations of taste have been observed, as well as rare instances of dizziness, rapid and weak pulse, profuse sweating, brief hypotension, dyspnea, and cyanosis.

Pain, swelling, and tenderness at the injection site may occur. The possibility of allergic sensitivity, including an anaphylactoid reaction, should be kept in mind.

Rarely, after repeated injections, reactions resembling erythema perstans have been reported.

Hyperbilirubinemia has been observed in the newborn following administration of phytonadione. This has occurred rarely and primarily with doses above those recommended.

DOSAGE AND ADMINISTRATION

Whenever possible, AquaMEPHYTON should be given by the subcutaneous or intramuscular route. When intravenous administration is considered unavoidable, the drug should be injected very slowly, not exceeding 1 mg per minute.

The human minimum daily requirements for vitamin K have not been established officially but they have been estimated to be 1 to 5 mcg/kg of body weight for infants and 0.03 mcg/kg for adults. Usually, the dietary abundance of vitamin K will satisfy these requirements, except during the first five to eight days of the neonatal period.

Anticoagulant-Induced Prothrombin Deficiency

To correct excessively prolonged prothrombin time caused by oral anticoagulant therapy—2.5 to 10 mg or up to 25 mg initially is recommended. In rare instances 50 mg may be required. Frequency and amount of subsequent doses should be determined by prothrombin time response or clinical condition. If in 6 to 8 hours after parenteral administration the prothrombin time has not been shortened

Treatment

AquaMEPHYTON 1.0 mg should be given either subcutaneously or intramuscularly. Higher doses may be necessary if the mother has been receiving oral anticoagulants.

Empiric administration of vitamin K_1 should not replace proper laboratory evaluation of the coagulation mechanism. A prompt response (shortening of the prothrombin time in 2 to 4 hours) following administration of vitamin K_1 is usually diagnostic of hemorrhagic disease of the newborn, and failure to respond indicates another diagnosis or coagulation disorder.

Whole blood or component therapy may be indicated if bleeding is excessive. This therapy, however, does not correct the underlying disorder and AquaMEPHYTON should be given concurrently.

Hypoprothrombinemia Due to Other Causes

A dosage of 2.5 to 25 mg or more (rarely up to 50 mg) is recommended, the amount and route of administration depending upon the severity of the condition and response obtained.

If possible, discontinuation or reduction of the dosage of drugs interfering with coagulation mechanisms (such as salicylates, antibiotics) is suggested as an alternative to administering concurrent AquaMEPHYTON. The severity of the coagulation disorder should determine whether the immediate administration of AquaMEPHYTON is required in addition to discontinuation or reduction of interfering drugs.

DIRECTIONS FOR DILUTION

AquaMEPHYTON may be diluted with 0.9% Sodium Chloride Injection, 5% Dextrose Injection, or 5% Dextrose and Sodium Chloride Injection. Benzyl alcohol as a preservative has been associated with toxicity in newborns. *Therefore, all of the above diluents should be*